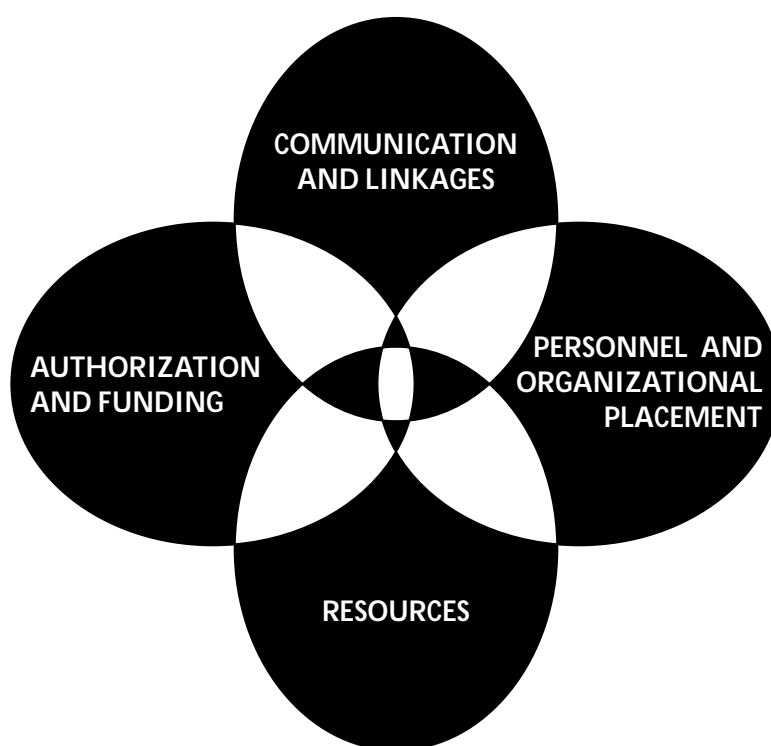


Coordinated School Health Program Infrastructure Development

PROCESS EVALUATION MANUAL



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention
and Health Promotion
Division of Adolescent and School Health

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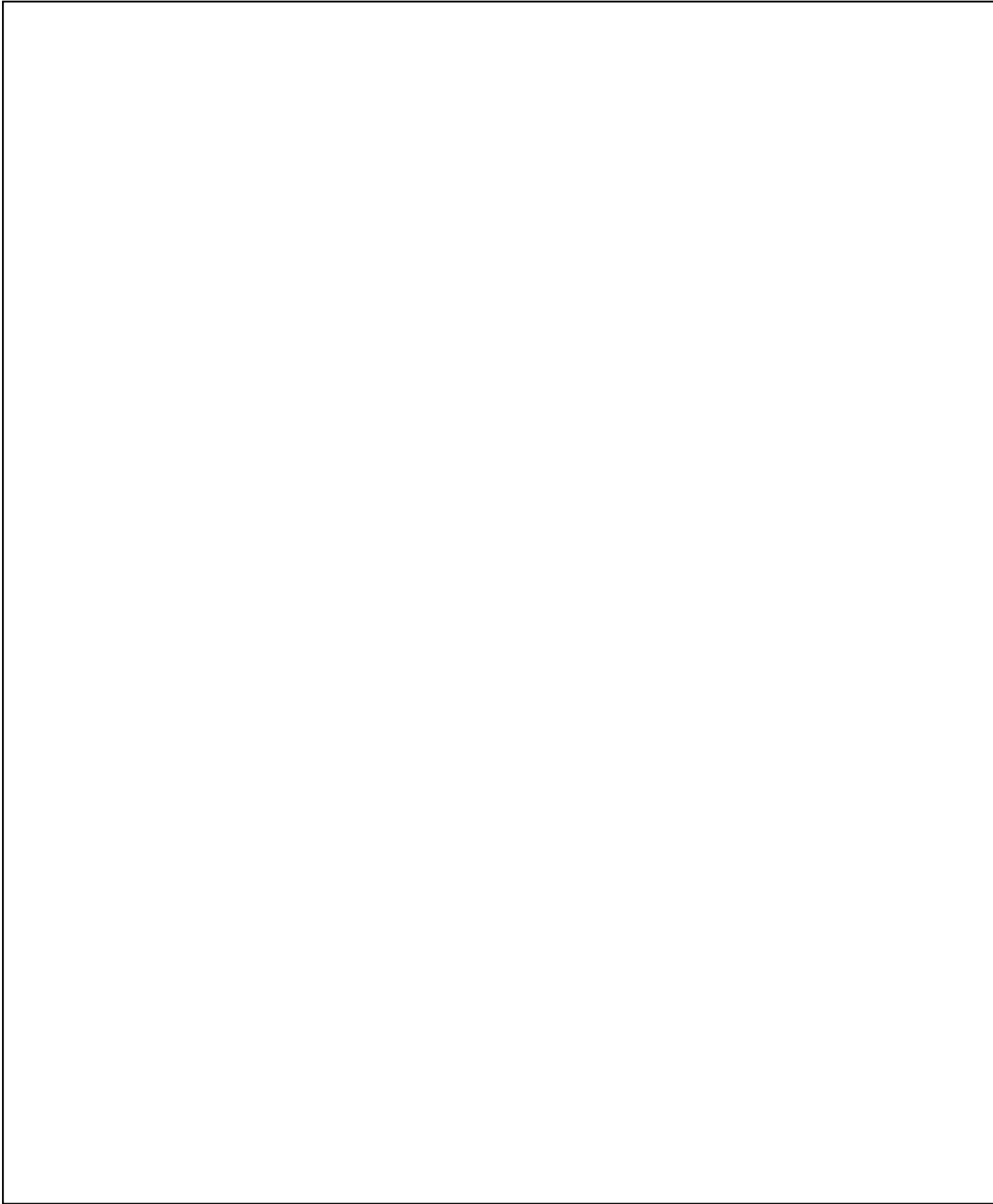
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FOREWORD

...until the internal and external support system is put in place, it is unlikely that the structural and cultural changes that are needed to turn schools into the kind of organizations now being demanded will, in fact, be implemented.

*Philip Schlechty, President
Center for Leadership in School Reform
Creating the Infrastructure for Reform*

Healthy People 2000 and Education Goals 2000 establish ambitious benchmarks that schools can only attain by developing collaborative partnerships with public and nonpublic organizations. One framework for these collaborative relationships could be a Coordinated School Health Program (CSHP) model consisting of eight components: healthful school environment; health services; health education; physical education; counseling, psychological, and social services; nutrition services; family and community involvement; and health promotion for staff. To meet the health and education needs of youth, collaborating organizations should develop an infrastructure—system of supports—to effectively and efficiently deliver CSHP. When this CSHP infrastructure is fully institutionalized, school health initiatives with sufficient quality and duration will provide long-term

health benefits for children and their families.

The CSHP that has a strong infrastructure is able

- to respond to the changing health priorities routinely faced by policymakers in health and education organizations;
- to facilitate predictable and coherent organizational change to benefit children and youth;
- to coordinate independent programs and services provided to children, youth, and families by multiple organizations; and
- to effectively use finite fiscal, technical, and human resources to meet a wide range of health problems affecting children and youth.

The Centers for Disease Control and Prevention (CDC) is proud to be a part of organizational change efforts designed to improve school health programs for the benefit of children and youth. We are especially pleased to provide guidance, through this manual, to those responsible for developing coordinated school health program (CSHP) infrastructure at state and local levels. This manual is a planning tool for developing organizational supports to build a coordinated school health program and an implementation tool for institutionalizing these supports at the state and local levels.

While this document has already proven useful to some agencies in developing CSHP infrastructure, it is intended to serve as a guide that can be adapted to agencies' needs. The guidance contained in the manual was developed from the experiences of state education and health agency CSHP leaders, the Academy for Educational Development (AED) evaluation staff, and CDC and is used in its entirety in CDC-funded coordinated school health programs. Other users should feel comfortable adapting manual contents to fit the unique characteristics of their own situations and the experiences of their colleagues. They are invited to customize the process elements, indicators, or strategies for achieving these indicators based on their organization's plans for CSHP infrastructure development. Please note that CDC has chosen to use common titles rather than specific titles for the various players identified in the

manual to broaden its utility for agencies of various types with differing jurisdictions.

Many individuals were involved in the conceptualization and development of this manual. We acknowledge and appreciate the contributions provided by experts from AED, CDC, and selected state education and health agencies. We hope that you will apply this collective experience in collaborating with others to develop effective coordinated school health programs. Please direct additional comments or suggestions to

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PREFACE

What is the focus of the evaluation procedures in this manual?

The ultimate goal of the Coordinated School Health Program (CSHP) Infrastructure Project is to improve the health status and cognitive performance of children and adolescents. Implementation and coordination of programs within the eight-component CSHP model during several years can realistically be expected to reduce child and youth health problems and increase adoption of health enhancing practices. However, such programs cannot be implemented and sustained without first developing and maintaining a CSHP infrastructure. Thus, the interim project goal is to develop, implement, maintain, and institutionalize a CSHP structure at state, district, or local levels.

Institutionalization, in this case, means that the CSHP becomes an integrated, self-sustaining part of the fabric of health and education agencies that is subject to minimal disruption caused by change. To ensure that the interim goal of institutionalization is achieved, those implementing a CSHP are advised to focus efforts on

developing an underlying support system before attempting to either enhance existing programs in the eight components of the CSHP or initiate new ones. The evaluation procedures found in this manual are intended to be used to determine the extent to which a CSHP infrastructure is in place and functioning within a two- to three-year development period.

This manual is the first of a series that is being developed by the Division of Adolescent and School Health. Manuals will be available for each of the individual components of a coordinated school health program. This manual serves as the overarching book.

Why use this manual?

This manual can be used by those responsible for developing CSHP infrastructures at state and local levels and those who work with them, for example, university faculty, school staff, and voluntary and professional organizations. It was designed as a tool for assessing progress toward institutionalizing CSHP at established intervals (e.g., semi-

NOTE: The recognized acronym for state education agencies is SEAs; for local education agencies, LEAs; for state health agencies, SHAs; and for local health agencies, LHAs. Because this manual is intended for use at both the state and local levels, EA is used as a generic acronym for both state and local education agencies and HA is used as a generic acronym for both state and local health agencies.

annually or annually). Periodically assessing progress will help those implementing CSHP infrastructure to

- determine which goals and objectives have been attained by designated target dates throughout the CSHP infrastructure implementation period;
- identify objectives that (1) have been attained, (2) should have been attained but have not, or (3) have not been attained at an effective level;
- recognize factors that have facilitated progress toward attaining goals and objectives and barriers that have impeded progress; and
- adjust infrastructure implementation efforts to capitalize on factors that facilitate progress and overcome barriers so that eventually all objectives are fully and effectively met.

How is this manual organized?

This manual consists of three main parts. Part I begins with a discussion of the need for CSHP infrastructure followed by a detailed definition of CSHP infrastructure. This section also provides definitions of process evaluation and the key terms involved, and describes the purpose of process evaluation in CSHP infrastructure implementation. Part I concludes with a list of ten identified CSHP process elements and a time line for implementation.

Part II is a series of booklets that list the elements of CSHP infrastructure develop-

ment and describe indicators of progress toward completing implementation. These descriptions are intended both to define each indicator and to provide a sense of what it means to have effectively accomplished each indicator (an indication of quality). This section also includes a mechanism for assessment of progress toward completing each aspect of CSHP infrastructure development.

Part III includes a summary form for monitoring progress toward achieving all aspects of CSHP infrastructure development.

Where can more background information be found?

There are four critical resources for background information.

- *Developing School Health Programs to Prevent Important Health Problems and Improve Educational Outcomes: A Guide for State and Local Educational Agencies*, published by the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division of Adolescent and School Health (DASH). This document guides state and local education agencies in developing infrastructure for CSHP.
- *Journal of School Health* (October 1995) has described the current characteristics and status of school health programs nationwide.
- A database accessible through the world wide web (www) provides funding sources to support components of a

school health program. This database can be accessed through the CDC/NCCDPHP/DASH home page under funding opportunities at (<http://www.cdc.gov/nccdphp/dash>).

- *Health Is Academic* (Eva Marx, Susan Wooley, and Daphne Northrop, editors), a book due out in 1998 from Teacher's College Press, offers the latest thinking on each component.

As further refinement continues on each component, we encourage readers to contact the Division of School and Adolescent Health at (770) 488-5356 for updates, technical assistance, or information concerning the previously mentioned resources.

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DEFINITION OF TERMS

Agreement of Understanding. An agreement between or among agencies specifying the processes and procedures for collaborative development of CSHP infrastructure.

Comprehensive School Health Education (CSHE). A planned, sequential, curriculum for K–12th grade that addresses the physical, mental, emotional, and social dimensions of health. The curriculum is designed to motivate and assist students to improve and maintain their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The curriculum is comprehensive and includes a variety of topics, such as personal, family, community, consumer, and environmental health; mental and emotional health; sexuality education; injury prevention and safety; nutrition; prevention and control of disease; and substance use and abuse. Health education is provided by qualified teachers trained to teach the subject.

Coordinated School Health Program (CSHP). A planned and coordinated school-based program designed to enhance child and adolescent health, which consists of eight components: healthful school environment; health services; health education; physical education; counseling, psycholog-

ical, and social services; nutrition services; family and community involvement; and health promotion for staff.

CSHP infrastructure. The basic system on which the larger CSHP program depends for continuance and growth.

CSHP infrastructure supports. The four main units that comprise infrastructure are (1) authorization and funding, (2) personnel and organizational placement, (3) resources, and (4) communication and linkages. Each support can be broken down into multiple subcategories.

Education Agencies (EAs). For purposes of this manual, refers to both state education agencies (SEAs) and local education agencies (LEAs). A state education agency is the department of state or territorial government responsible for public education policy, funding, monitoring, and training within that state or territory. SEAs are often called (name of the state or territory) State Department of Education but may also be referred to as department of public instruction, department of children, or families and learning depending on the state or territory. Local education agencies are local school districts: the structures that govern schools at the local level within each state or territory. LEAs are often called (name of the county, city, or town) School District but

may also be referred to as school committees or parishes depending on the state or territory.

Health Agencies (HAs). For purposes of this manual, refers to both state health agencies (SHAs) and local health agencies (LHAs). A state health agency is the department of state or territorial government responsible for public health policy, funding, monitoring, and training within that state or territory. SHAs are often called the (name of the state or territory) State Health Department but may also be referred to as department of health and human services or department of community health depending on the state or territory. Local health agencies are the local units, usually organized by county, which govern public health at the local level within each state or territory. LHAs are often called (name of the county, city, or town) Health Department but may also be referred to as divisions or committees depending on the state or territory.

Health-risk behaviors of children and adolescents. Behaviors that place children and adolescents at risk for adverse health or other consequences. Such behaviors include tobacco use; dietary patterns that contribute to disease; insufficient physical activity; sexual behaviors that result in human immunodeficiency virus infection, other sexually transmitted diseases, and unintended pregnancy; alcohol and drug use; and behaviors that result in unintentional and intentional injuries.

Impact evaluation. An assessment of the extent to which identifiable short-term organizational changes conducive to institutionalization of a CSHP were achieved.

Institutionalization. The CSHP as an integrated, self-sustaining part of health and education agencies that is subject to minimal disruption caused by changes.

Outcome evaluation. A determination of whether short-term organizational changes, assessed through an impact evaluation, resulted in long-term institutionalization of a CSHP.

Process elements. Components of program development and implementation that have been completed to fully attain overall program goals.

Process evaluation. An evaluation designed to document whether program procedures were conducted according to a written program development plan.

Process indexes. Tables consisting of process elements and progress indicators that are used to derive a composite score describing the extent to which program goals were attained.

Progress indicators. The critical steps or tasks, designed based on quality standards, that are followed or completed to attain essential process elements.